



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3138321
Outpatient Patient Service Revenue	\$55871033
<b>Total Gross Patient Service Revenue</b>	<b>\$59009354</b>

2. Deductions From Revenue

Contractual Allowance	\$35905812
Other Deductions	\$1827315
<b>Total Deductions</b>	<b>\$37733127</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$18672137
Other Operating Revenue	\$1629639
<b>Total Operating Revenue</b>	<b>\$20301776</b>

4. Operating Expenses

Salaries and Wages	\$3310063	Employee Benefits	\$977593
Depreciation and Amortization	\$781248	Interest Expense	\$360619
Bad Debt	\$2604090	Other Expenses	\$11294535
<b>Total Operating Expenses</b>	<b>\$19328148</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3938337	Total Assets	\$11562640
Net Non-operating Gains over Loss	\$965	Total Liabilities	\$3196127

Total Net Gains	\$3939302
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22767407	\$15238266	\$7529141
Medicaid	\$17701341	\$12695837	\$5005504
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18540605	\$5678540	\$12862065
Total	\$59009353	\$33612643	\$25396710

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$24127	\$-24127

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$4120484
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1063622	
HCI Payments	\$0		
Subtotal	\$0	\$1063622	\$-1063622
Medicaid Shortfalls	\$4351512	\$5542254	
Subtotal	\$4351512	\$6605876	\$-2254364
DSH Payments	\$3,053,554		
Subtotal	\$7405066	\$6605876	\$799190
Medicare Shortfalls	\$7161014	\$5876960	
Other Government Programs	\$0	\$0	
Total	\$14566080	\$12482836	\$2083244

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$25692	\$-25692
Community Assessment	\$0	\$69238	\$-69238
Provision of Taxes	\$0	\$973000	\$-973000
Other Allocations	\$0	\$0	\$0

Comments

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